

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street)

1350 I Street NW

Suite 880

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Donna Rebeck

Signature of Treasurer

Electronically Filed by Donna Rebeck

Date

04

19

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		99462.16
(b) Cash on Hand at Beginning of Reporting Period	176108.89	
(c) Total Receipts (from Line 19)	50169.00	127387.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	226277.89	226849.16
7. Total Disbursements (from Line 31)	36299.55	36870.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	189978.34	189978.34
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	42000.00	106403.00
(ii) Unitemized	8169.00	20984.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	50169.00	127387.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	50169.00	127387.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	50169.00	127387.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50169.00	127387.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		35000.00	35000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		1299.55	1870.82
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		36299.55	36870.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		36299.55	36870.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	50169.00	127387.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50169.00	127387.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Michel A. McDonald Mailing Address 319 Lynnwood Blvd City Nashville State TN Zip Code 37205-2928 FEC ID number of contributing federal political committee. C Name of Employer Dean Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6 Transaction ID: 12099262 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Jane S. Wada Mailing Address 399 Flintridge Oaks Dr City La Canada State CA Zip Code 91011-3515 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6 Transaction ID: 12099250 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) John F. Gebhard Mailing Address 11 Portuguese Bend Rd City Rolling Hills State CA Zip Code 90274-5072 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6 Transaction ID: 12099322 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Hazle Smith Konerding

Mailing Address 205 Cyril Ln

City State Zip Code
 Richmond VA 23229-7740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12099220

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Susan H. Weinkle

Mailing Address 2423 Landings Cir

City State Zip Code
 Bradenton FL 34209-9675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12099213

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Patricia P. Wyhinny

Mailing Address 8 Corey Dr

City State Zip Code
 South Barrington IL 60010-9520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12096728

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Darryl M. Bronson
Mailing Address 767 Park Avenue W

City State Zip Code
Highland Park IL 60035-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 0 6

Transaction ID: 12093817

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Robert V. Kolbusz
Mailing Address 1 Robin Hood Rnch

City State Zip Code
Oak Brook IL 60523-2790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 0 6

Transaction ID: 12099212

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
James Selwyn Taylor
Mailing Address 28150 Fairmount Blvd

City State Zip Code
Pepper Pike OH 44124-4620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 0 6

Transaction ID: 12099218

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Cynthia R. Strohmeier

Mailing Address 702 Goodlette Rd N

City State Zip Code
 Naples FL 34102-5628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12095212

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Jason L. Smith

Mailing Address 1 Fox Chase SW

City State Zip Code
 Rome GA 30165-8565

FEC ID number of contributing
federal political committee.

C

Name of Employer
NW GA Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12099290

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mark Conrad Valentine

Mailing Address 1501 W Horizon Dr

City State Zip Code
 Mukilteo WA 98275-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12099204

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Gary J. Brauner

Mailing Address 231 Wilson Dr

City State Zip Code
 Cresskill NJ 07626-1738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12096053

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Janet G. Hickman

Mailing Address 107 Lee Cir

City State Zip Code
 Lynchburg VA 24503-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Consultants,
Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12094574

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

James A. Yeckley

Mailing Address 508 Buccaneer Bnd

City State Zip Code
 Savannah GA 31406-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12096879

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. William S. Sawchuk

Mailing Address 10000 Park Royal Dr

City State Zip Code
 Great Falls VA 22066-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12099201

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul William Becker

Mailing Address 340 W Wilson Ave

City State Zip Code
 Spokane WA 99208-7223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12096443

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Diane M. Bernardi

Mailing Address 12277 County Road E35

City State Zip Code
 Bryan OH 43506-8309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12099219

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mitchell Arthur Anolik		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 2310 E Allegheny Ave		Transaction ID: 12099280
City State Zip Code Philadelphia PA 19134-4401	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mitchell L. Bressack		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 33 Graymoor Ln		Transaction ID: 12095464
City State Zip Code Olympia Fields IL 60461-1209	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Paul T. Rose		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 6140 Bayside Dr		Transaction ID: 12099214
City State Zip Code New Port Richey FL 34652-2003	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven P. Rosenberg

Mailing Address 470 Columbia Dr

City

West Palm Beach

State

FL

Zip Code

33409-1997

FEC ID number of contributing
federal political committee.**C**Name of Employer
Palm Beach DermatologyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	0	6

Transaction ID: 12099226

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David L. Kaplan

Mailing Address 12424 Aberdeen Rd

City

Leawood

State

KS

Zip Code

66209-2431

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	0	6

Transaction ID: 12099221

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jaye E. Benjamin

Mailing Address 2450 Snowberry Ln

City

Pepper Pike

State

OH

Zip Code

44124-4334

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	0	6

Transaction ID: 12096523

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer L. Vesper

Mailing Address 2171 Oceanview Dr

City State Zip Code
 Tierra Verde FL 33715-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12099217

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Allen Bruce Filstein

Mailing Address 945 Buckingham Cir NW

City State Zip Code
 Atlanta GA 30327-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12099244

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Rebecca J. Caserio

Mailing Address 4142 Bigelow Blvd

City State Zip Code
 Pittsburgh PA 15213-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJC Fox Chapel Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12094875

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Charles Irving Huddleston

Mailing Address 9732 Franklin Hill Blvd

City State Zip Code
 Knoxville TN 37922-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12099338

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

David Michael Pariser

Mailing Address 933 Winthroe Dr

City State Zip Code
 Virginia Beach VA 23452-3936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pariser Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12099303

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)

Denis L. Beaudoin

Mailing Address 8226 Douglas Ave

City State Zip Code
 Dallas TX 75225-5943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12095916

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Deborah Armstrong

Mailing Address 900 Leisure Ln

City State Zip Code
 Greenwood IN 46142-8397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 12096319

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Joseph J. Chanda

Mailing Address 207 Silver Palm Ave

City State Zip Code
 Melbourne FL 32901-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 2 / 2 0 0 6

Transaction ID: 12123880

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Stephen Robert Damm

Mailing Address 200 Chorus Way

City State Zip Code
 Millersville MD 21108-1798

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 2 / 2 0 0 6

Transaction ID: 12123882

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Shari L. Barrett

Mailing Address 3700 Bellemeade Ave

City State Zip Code
 Evansville IN 47714-0102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 3 / 2 0 0 6

Transaction ID: 12127446

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Robert Franklin Godwin

Mailing Address 25317 Valley Dr

City State Zip Code
 Bettendorf IA 52722-7317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 3 / 2 0 0 6

Transaction ID: 12127445

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

William Galen Dunagin

Mailing Address 144 Winterberry Dr

City State Zip Code
 Franklin PA 16323-4452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 3 / 2 0 0 6

Transaction ID: 12129181

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Brian O'Grady

Mailing Address 644 Oceanview Rd

City State Zip Code
 Brielle NJ 08730-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 3 / 2 0 0 6

Transaction ID: 12129345

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Patrick H. Burkhart

Mailing Address 1118 Whitehall St

City State Zip Code
 Maryville TN 37803-2814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 3 / 2 0 0 6

Transaction ID: 12129197

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jonathan R. Zirn

Mailing Address 47 Steep Hill Rd

City State Zip Code
 Weston CT 06883-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Dermcare P.C.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 6 / 2 0 0 6

Transaction ID: 12130883

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Carter G. Abel		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 36 Washington Valley Rd		
City Morristown	State NJ	Transaction ID: 12130884 Amount of Each Receipt this Period 300.00
Zip Code 07960-3413		
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Nancy A. Leitch		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 3400 Lawndale Ln N		
City Plymouth	State MN	Transaction ID: 12128995 Amount of Each Receipt this Period 250.00
Zip Code 55447-1694		
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Robert Harvey Tinkel		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 15715 46th Ave		
City Flushing	State NY	Transaction ID: 12128757 Amount of Each Receipt this Period 500.00
Zip Code 11355-2353		
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alice Renee Barba

Mailing Address 877 NE 73rd St

City State Zip Code
 Miami FL 33138-5227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 6 / 2 0 0 6

Transaction ID: 12129178

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sharon S. Camden

Mailing Address 11467 New Farrington Ct

City State Zip Code
 Glen Allen VA 23059-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 0 / 2 0 0 6

Transaction ID: 12151769

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. David I. Wolf

Mailing Address 17790 Valle Verde Rd

City State Zip Code
 Poway CA 92064-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 6

Transaction ID: 12151784

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Kathleen L. Behr		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 1558 E Shadow Creek Dr		Transaction ID: 12151804
City Fresno	State CA	Zip Code 93720-3536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) John G. Albertini		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 1529 Boxthorne Ln		Transaction ID: 12151781
City Winston Salem	State NC	Zip Code 27106-4471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Lawrence G. Blasik, JR.		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 1110 Glyngo Parkway		Transaction ID: 12151787
City Brunswick	State GA	Zip Code 31525-7919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Roger Stanley

Mailing Address 3400 Spruce Street

City State Zip Code
Philadelphia PA 19104-4208

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2006

Transaction ID: 12151797

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cheryl Debbie Ackerman

Mailing Address 368 Ridgewood Ave

City State Zip Code
Glen Ridge NJ 07028-1513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2006

Transaction ID: 12151799

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jerome R. Potozkin

Mailing Address 2502 Alamo Country Cir

City State Zip Code
Alamo CA 94507-1495

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2006

Transaction ID: 12151803

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Douglas K. Zirker

Mailing Address 1762 NW Steidl Rd

City State Zip Code
 Bend OR 97701-1857

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 6

Transaction ID: 12151774

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Allison Kingrey Divers

Mailing Address 5743 Salisbury Drive Southwest

City State Zip Code
 Roanoke VA 24018-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 6

Transaction ID: 12151800

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Jeremy E. Rothfleisch

Mailing Address Apt 7E
 435 E 79th St

City State Zip Code
 New York NY 10021-1075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 6

Transaction ID: 12151771

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

William Abildgaard

Mailing Address 2721 Olive Hwy

City State Zip Code
 Oroville CA 95966-6115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 6

Transaction ID: 12151788

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Suguru Imaeda

Mailing Address 141 Northwood Dr

City State Zip Code
 Guilford CT 06437-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 5 / 2 0 0 6

Transaction ID: 12171651

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Diane Meg Davidson

Mailing Address 491 Gold Star Hwy

City State Zip Code
 Groton CT 06340-6226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 5 / 2 0 0 6

Transaction ID: 12171650

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sandra Leah Zila-Eivins

Mailing Address 1715 Latigo Loop

City State Zip Code
 Steamboat Springs CO 80487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 7 / 2 0 0 6

Transaction ID: 12174116

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Allan S. Wirtzer

Mailing Address 4836 Van Nuys Blvd

City State Zip Code
 Sherman Oaks CA 91403-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 7 / 2 0 0 6

Transaction ID: 12172476

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Curtis A. Raskin

Mailing Address 519 Oakshire Pl

City State Zip Code
 Alamo CA 94507-2327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 7 / 2 0 0 6

Transaction ID: 12173880

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Robert Albergo

Mailing Address 1988 Lago Vista Blvd

City State Zip Code
Palm Harbor FL 34685-3332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 12172037

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Stephen L. Blum

Mailing Address 2511 Canyon Ridge Ct

City State Zip Code
Arlington TX 76006-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 12174045

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Brian Wayne Lester

Mailing Address Apt 16
81 Green St

City State Zip Code
Brookline MA 02446-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 12172354

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Steven J. Ugent

Mailing Address 9 Highland St

City State Zip Code
 Sharon MA 02067-1421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 12206193

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ronald Ralph Brancaccio

Mailing Address 67 Perry St

City State Zip Code
 New York NY 10014-3245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 12206082

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Jason L. Smith

Mailing Address 1 Fox Chase SW

City State Zip Code
 Rome GA 30165-8565

FEC ID number of contributing
federal political committee.

C

Name of Employer
NW GA Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 12206081

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Gary A. Dyer

Mailing Address 802 N 25th St

City

Saint Joseph

State

MO

Zip Code

64506-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 6

Transaction ID: 12206189

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ted Brezel

Mailing Address 61 Beacon Hill Rd

City

Port Washington

State

NY

Zip Code

11050-3035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 6

Transaction ID: 12206188

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Renuka Diwan

Mailing Address 29101 Health Campus Drive

City

Cleveland

State

OH

Zip Code

44145-5270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laser & Skin Surgery Cent-
er

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 6

Transaction ID: 12206078

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Meda E. McCarley Billys

Mailing Address 2820 W Main St

City State Zip Code
 Visalia CA 93291-4331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 1 / 2 0 0 6

Transaction ID: 12206107

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Elizabeth A. Arthur

Mailing Address 500 Helendale Rd

City State Zip Code
 Rochester NY 14609-3100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 1 / 2 0 0 6

Transaction ID: 12206105

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Allen South

Mailing Address 16 Oak Tree Ln

City State Zip Code
 Aptos CA 95003-9577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 3 / 2 0 0 6

Transaction ID: 12220148

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

John F. Gebhard

Mailing Address 11 Portuguese Bend Rd

City State Zip Code
Rolling Hills CA 90274-5072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 0 6

Transaction ID: 12219825

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Marc A. Silverstein

Mailing Address 11720 Hollenbeck Way

City State Zip Code
Gold River CA 95670-8311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MSSB Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 0 6

Transaction ID: 12219983

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Michael A. Bharier

Mailing Address 16 Woodbury St

City State Zip Code
Providence RI 02906-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 0 6

Transaction ID: 12219828

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Heather L. Butler

Mailing Address 3663 Lombardy Rd

City State Zip Code
 Pasadena CA 91107-5630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 3 / 2 0 0 6

Transaction ID: 12219830

Amount of Each Receipt this Period

150.00

B. Full Name (Last, First, Middle Initial)

Jeffrey H. Binstock

Mailing Address 22 Battery St

City State Zip Code
 San Francisco CA 94111-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 3 / 2 0 0 6

Transaction ID: 12219831

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

William Preston Baugh

Mailing Address 301 W Bastanchury Rd

City State Zip Code
 Fullerton CA 92835-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Full Spectrum Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 3 / 2 0 0 6

Transaction ID: 12219827

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 40

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Paul S. Cabiran		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address Ste 302 209 Hospital Dr		Transaction ID: 12221956
City Highlands	State NC	Zip Code 28741-7616
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Clay Scott Baker		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 1037 N 3rd St		Transaction ID: 12222253
City Springfield	State IL	Zip Code 62702-3848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Kenneth D. Macknet		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 11306 Mountain View Ave		Transaction ID: 12222480
City Loma Linda	State CA	Zip Code 92354-3832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Broward Jackson

Mailing Address 3519 Watermelon Rd

City State Zip Code
 Northport AL 35473-5174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Dermatology Assoc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 7 / 2 0 0 6

Transaction ID: 12254183

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven R. Feldman

Mailing Address 807 Chester Rd

City State Zip Code
 Winston Salem NC 27104-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 7 / 2 0 0 6

Transaction ID: 12254182

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Adrian M. Guevara

Mailing Address 736 S Allegheny Ave

City State Zip Code
 Tulsa OK 74112-4327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 7 / 2 0 0 6

Transaction ID: 12236168

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Brett D. Krasner		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 1960 Cobblestone Lane		
City Charlottesville	State VA	Zip Code 22901-9435
FEC ID number of contributing federal political committee. C		Transaction ID: 12236179
Name of Employer Self-Employed		Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Physician
Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Soni S. Carlton		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 307 Howard Dr		
City Lynchburg	State VA	Zip Code 24503-1714
FEC ID number of contributing federal political committee. C		Transaction ID: 12236164
Name of Employer Self-Employed		Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Physician
Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) David A. Lorber		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 9711 Skokie Blvd		
City Skokie	State IL	Zip Code 60077-1384
FEC ID number of contributing federal political committee. C		Transaction ID: 12251511
Name of Employer Self-Employed		Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Physician
Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Glenn A. Dobecki Mailing Address 571 Main St City State Zip Code South Weymouth MA 02190-1843 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 6 Transaction ID: 12261875 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mitchell Arthur Anolik Mailing Address 2310 E Allegheny Ave City State Zip Code Philadelphia PA 19134-4401 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 6 Transaction ID: 12251469 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Steven Lee Hubert Mailing Address 56 Stonecliff Rd City State Zip Code Princeton NJ 08540-2329 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 6 Transaction ID: 12251507 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Thomas L. Davis

Mailing Address 221 Morningside Dr

City State Zip Code
 San Antonio TX 78209-4733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 6

Transaction ID: 12251476

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Gary Anthony McCracken

Mailing Address 8024 E Mercer Ln

City State Zip Code
 Scottsdale AZ 85260-6562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 6

Transaction ID: 12251504

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

42000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hastert For Congress Committee

Mailing Address PO Box 625
PO Box 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement

011
Category/
Type

Candidate Name
Congressman J. Dennis Hastert

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: IL District: 14

Transaction ID: 12312865

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Nathan Deal For Congress

Mailing Address PO Box 902
PO Box 902

City Gainesville State GA Zip Code 30503

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Nathan Deal

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify) ▼

State: GA District: 9

Transaction ID: 12312841

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Thomas Price

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify) ▼

State: GA District: 6

Transaction ID: 12312762

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Schwarz For Congress

Mailing Address Post Office Box 2063

City State Zip Code
Battle Creek MI 49016

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John Schwarz, M.D.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 7

Transaction ID: 12312834

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Drive
Suite 222

City State Zip Code
McLean VA 22101

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12312846

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Mailing Address 320 First Street SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12312843

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12312848

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12312849

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12312852

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

35000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank One Checking

Mailing Address 111 East Busse Avenue

City
Mount Prospect

State
IL

Zip Code
60056

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 12328307

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Amount of Each Disbursement this Period

1299.55

SUBTOTAL of Disbursements This Page (optional)

1299.55

TOTAL This Period (last page this line number only)

1299.55